

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | | | | | | | | |
|---|-----------------------------------|---|----------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>12-21-04</u> | | 2 Serial/Patent # <u>09/235,686</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | |
| | | 6 AMOUNT | | | | | | | | |
| <input type="checkbox"/> | Filing | | \$ | | | | | | | |
| <input type="checkbox"/> | Amendment | | \$ | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | \$ | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | \$ | | | | | | | |
| <input type="checkbox"/> | Petition | | \$ | | | | | | | |
| <input type="checkbox"/> | Issue | | \$ | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | \$ | | | | | | | |
| <input type="checkbox"/> | Maintenance | | \$ | | | | | | | |
| <input type="checkbox"/> | Assignment | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Other (RCE) | — | 5-3-04 \$ 770. | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND \$ 770. | | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | |
| | | <input type="checkbox"/> Treasury Check | | | | | | | | |
| | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | |
| <input type="checkbox"/> | Overpayment | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>1</td><td>--</td><td>1</td><td>3</td><td>5</td><td>0</td> </tr> </table> | | 0 | 1 | -- | 1 | 3 | 5 | 0 |
| 0 | 1 | -- | 1 | 3 | 5 | 0 | | | | |
| <input type="checkbox"/> | Duplicate Payment | | | | | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | |
| Improper RCE (prosecution not closed). | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Andrea Smith</u> | | TITLE: <u>Pats. Examiner</u> | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>571/272-3236</u> | | | | | | | | |
| OFFICE: <u>Ofc. of Petitions</u> | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>12/22/04</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**